

County: Eau Claire
DOVE HEALTHCARE NURSING & REHABILITATION
1405 TRUAX BOULEVARD

Facility ID: 2470

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EAU CLAIRE 54703 Phone: (715) 552-1030
Operated from 1/1 To 12/31 Days of Operation: 365
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/01): 140
Total Licensed Bed Capacity (12/31/01): 140
Number of Residents on 12/31/01: 131

Ownership: Limited Liability Company
Highest Level License: Skilled
Operate in Conjunction with CBRF? Yes
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 129

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		45.8
Supp. Home Care-Personal Care	No					1 - 4 Years		32.8
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	6.9	More Than 4 Years		21.4
Day Services	No	Mental Illness (Org./Psy)	21.4	65 - 74	8.4			-----
Respite Care	Yes	Mental Illness (Other)	10.7	75 - 84	31.3			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.8	85 - 94	42.0	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	2.3	95 & Over	11.5	Full-Time Equivalent		
Congregate Meals	No	Cancer	4.6		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	6.1		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	20.6	65 & Over	93.1	-----		
Transportation	No	Cerebrovascular	11.5		-----	RNs		14.8
Referral Service	No	Diabetes	5.3	Sex	%	LPNs		5.1
Other Services	Yes	Respiratory	2.3		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	14.5	Male	22.9	Aides, & Orderlies		
Mentally Ill	No		-----	Female	77.1			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

Level of Care	Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care			Total Residents	% of All
	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)		
Int. Skilled Care	0	0.0	0	3	4.4	123	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	2.3
Skilled Care	23	100.0	215	63	92.6	106	2	100.0	215	35	100.0	124	0	0.0	0	3	100.0	211	126	96.2
Intermediate	---	---	---	1	1.5	89	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	0.8
Limited Care	---	---	---	1	1.5	78	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	0.8
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	23	100.0		68	100.0		2	100.0		35	100.0		0	0.0		3	100.0		131	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				

Percent Admissions from		Activities of	%	% Needing Assistance of	% Totally Dependent	Total Number of Residents
Private Home/No Home Health	1.9	Daily Living (ADL)	Independent	One Or Two Staff		
Private Home/With Home Health	2.5	Bathing	0.8	88.5	10.7	131
Other Nursing Homes	1.6	Dressing	12.2	73.3	14.5	131
Acute Care Hospitals	91.7	Transferring	28.2	56.5	15.3	131
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	24.4	57.3	18.3	131
Rehabilitation Hospitals	0.0	Eating	78.6	15.3	6.1	131
Other Locations	2.2	*****				
Total Number of Admissions	314	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	7.6	Receiving Respiratory Care		3.8
Private Home/No Home Health	32.1	Occ/Freq. Incontinent of Bladder	59.5	Receiving Tracheostomy Care		0.8
Private Home/With Home Health	20.1	Occ/Freq. Incontinent of Bowel	38.9	Receiving Suctioning		0.8
Other Nursing Homes	3.8	Mobility	0.8	Receiving Ostomy Care		3.8
Acute Care Hospitals	6.3			Receiving Tube Feeding		2.3
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained		Receiving Mechanically Altered Diets		38.2
Rehabilitation Hospitals	0.0	Skin Care		Other Resident Characteristics		
Other Locations	13.5			Have Advance Directives		80.2
Deaths	24.2	With Pressure Sores	13.7	Medications		
Total Number of Discharges		With Rashes	2.3	Receiving Psychoactive Drugs		51.9
(Including Deaths)	318					

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Peer Group %	Ratio	Bed Size: 100-199 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	86.0	82.7	1.04	83.8	1.03	84.3	1.02	84.6	1.02
Current Residents from In-County	85.5	82.1	1.04	84.9	1.01	82.7	1.03	77.0	1.11
Admissions from In-County, Still Residing	16.6	18.6	0.89	21.5	0.77	21.6	0.77	20.8	0.80
Admissions/Average Daily Census	243.4	178.7	1.36	155.8	1.56	137.9	1.76	128.9	1.89
Discharges/Average Daily Census	246.5	179.9	1.37	156.2	1.58	139.0	1.77	130.0	1.90
Discharges To Private Residence/Average Daily Census	128.7	76.7	1.68	61.3	2.10	55.2	2.33	52.8	2.44
Residents Receiving Skilled Care	98.5	93.6	1.05	93.3	1.05	91.8	1.07	85.3	1.15
Residents Aged 65 and Older	93.1	93.4	1.00	92.7	1.00	92.5	1.01	87.5	1.06
Title 19 (Medicaid) Funded Residents	51.9	63.4	0.82	64.8	0.80	64.3	0.81	68.7	0.76
Private Pay Funded Residents	26.7	23.0	1.16	23.3	1.14	25.6	1.04	22.0	1.21
Developmentally Disabled Residents	0.0	0.7	0.00	0.9	0.00	1.2	0.00	7.6	0.00
Mentally Ill Residents	32.1	30.1	1.07	37.7	0.85	37.4	0.86	33.8	0.95
General Medical Service Residents	14.5	23.3	0.62	21.3	0.68	21.2	0.68	19.4	0.75
Impaired ADL (Mean)	42.1	48.6	0.87	49.6	0.85	49.6	0.85	49.3	0.86
Psychological Problems	51.9	50.3	1.03	53.5	0.97	54.1	0.96	51.9	1.00
Nursing Care Required (Mean)	8.2	6.2	1.32	6.5	1.27	6.5	1.26	7.3	1.12